

DEPARTMENT OF AGING

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PROGRAM MEMO

TO: AREA AGENCIES ON AGING DIRECTORS	NO.: PM 01-16 (P)
SUBJECT: Family Caregiver Support Program Data Reporting Revisions	DATE ISSUED: November 29, 2001
	EXPIRES: Until Superseded
REFERENCES: Program Memos #s 01-10(P), 01-11(P), 00-14(P)	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input checked="" type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: Policy Update	
INQUIRIES SHOULD BE DIRECTED TO: Data Analysis and Regulations Team at (916) 322-1054	

The purpose of this Program Memo (PM) is to issue reporting clarification and additional instructions on reporting "other services" for the Title III E, National Family Caregiver Support Program (NFCSP). **If you are not funding Peer Counseling, Translation/Interpretation, or Income Support/Material Aid, you may use the Quarterly Service Report (CDA 272) only.**

This PM transmits the following new form:

- Supplemental Quarterly Service Report (CDA 272a)

The California Department of Aging (CDA) has reviewed and approved three new "other services" not identified in the original Service Matrix. Two of the three new services came about by Area Agencies on Aging (AAA) requesting and receiving approval from CDA to experiment with services under NFCSP guidelines. The third service came from information provided by the Administration on Aging at the National Family Caregiver Services Program Conference which was held in September 2001.



The following services have been added to Section 5-Supplemental Services:

Peer Counseling- 1 Hour (Registered)

- To provide advice, guidance, and support for caregivers with their caregiving responsibilities. Peer counseling uses the skills and life experiences of caregivers in a self-help approach to mental health. Carefully trained volunteers provide supportive counseling under the close supervision of mental health professionals.

Translation/Interpretation- 1 Hour (Unregistered)

- To provide bilingual staff to translate/interpret for caregivers (e.g., medical appointments, Social Security, etc., and brochures or other relevant materials informing caregivers about available benefits).

Income Support/Material Aid- 1 Occurrence (Registered)

- Arrange for and provide assistance to caregivers in the form of emergency cash assistance or service vouchers for the purchase of goods or services (e.g., personal hygiene supplies, nutritional supplements, utility bills or other caregiver support, as needed, on an emergency basis).

Reporting Requirements

The Quarterly Service Report form (CDA 272) will remain unmodified at this time. A new Supplemental Quarterly Service Report (attached CDA 272a) has been developed to accommodate the additional "Supplemental Services" described above. The total served in Section 5-Supplemental Services of the Quarterly Service Report form (CDA 272) should also reflect the number of caregivers served with units from the new Supplemental Quarterly Service Report (CDA 272a).

Please note that Peer Counseling and Income Support/Material Aid are registered services, requiring demographic profiles to be reported annually (see Annual Profile Report-CDA 273).

Translation/Interpretation is an unregistered service, and does not currently require additional caregiver/care receiver profile data reporting. The Service Matrix will not be revised at this time.

Note: If you have been reporting, or plan to report Peer Counseling under "friendly visiting" for this program, please discontinue this practice and move the units to Peer Counseling, if appropriate.

Lynda Terry
Director

Attachment

<input type="checkbox"/>	One Time Only Funds
<input type="checkbox"/>	Baseline Funds

Family Caregiver Support Program

Supplemental Quarterly Service Report

Report Period Ending(Mo/Yr):

Report Submission Date:

P S A
Number:

Name of Agency Reporting:

Name of Person Completing Report:

E-mail Address:

Telephone No.

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Section 5 SUPPLEMENTAL SERVICES CONTINUED

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R	Peer Counseling	# Hours		
	Translation	# Hours		
R	Income Support/Material Aid	# Occurrences		

* Total caregivers served by Supplemental Services on this form should be added with the total served in Section 5-Supplemental Services of the Quarterly Service Report (CDA 272).